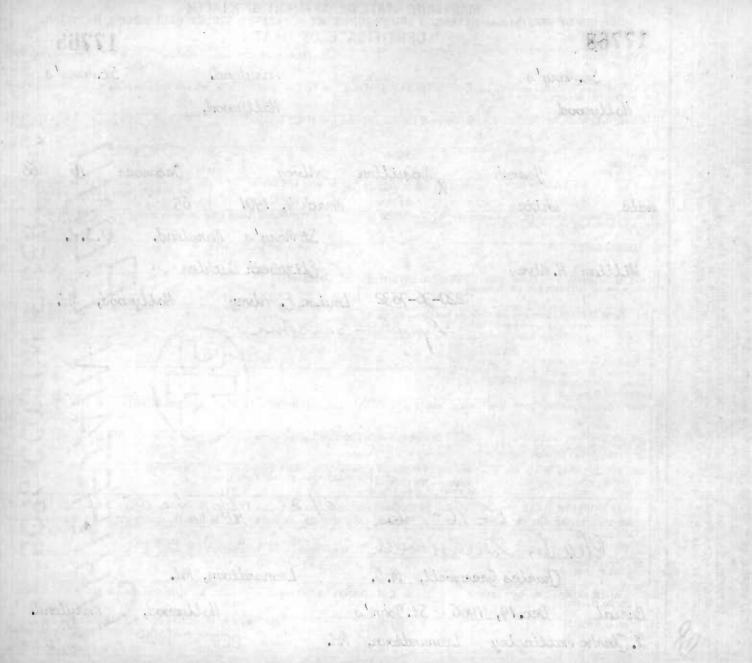
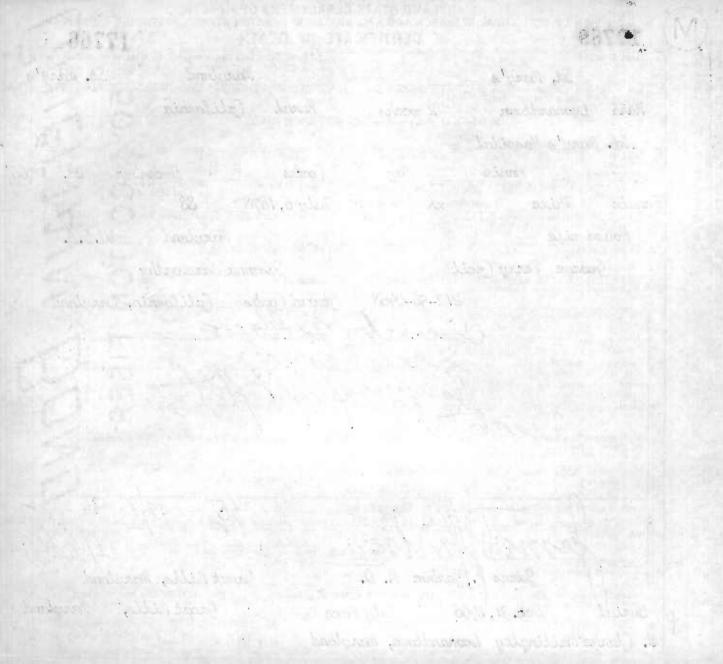
	ı	1 (N	No.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17768 CERTIFICATE OF DEATH
-	=	100 E	1	
	after death	funeral and 2 r death:		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY c. 41
	ter	s 1 fter		St. Mary's Maryland St. Mary's
	9	age s a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	onr	in I		Hollywood, Hollywood,
•	executed within 24 hours	and completely filled in by the fremove carbon papers. Pages 1 and event, within 72 hours after	1	d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO
	hi	ely with	-	3. NAME OF First Middle Last 4. DATE Month Day Year
	w.	plet arb nt, \		OF DECEASED (Type or print) Joseph McQuillan Alvey DEATH December 16 1966
	ted	e c evel		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (III YEAR F UNDER 1 YEAR F UNDER 24 HRS.
	noa	SEE		A LA MUNICIPAL DIVIDING TO DAYS HOURS MIN.
		T a		OR USUAL OCCUPATION (Cive kind of work done) 10h KIND OF BUSINESS OF 11 RIETHPI ACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	pe	ase	- 1	luring most of working life, even if retired) INDUSTRY St Manua Manuaged (1.5.4)
	ate	ple ple	-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ific	g p		(1), 11, 11, 11, 11, 11, 11, 11, 11, 11,
	cert	re He	-	WILLIAM H. ALVEY. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	#	attending physician and remit. Then please femon, or removal, and in any		(Yes, no, or unkown) ((If yes give war or dates of service)
	dea	per jon,		220-36-9832 Louise E. Alvey Hoblywood, Md.
	The law requires that the death certificate be or attending physician	n signed by the at burial-transit perm burial, cremation,		18. CAUSE OF DEATH [Enter only one cause per line tor (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	at t	d b tran		IMMEDIATE CAUSE (a) Fryn John - Salcina
	th:	gne ial-		200/ DUE TO
	ires	bur		Conditions, If any, which gave rise to immediate (b)
	nbe	to te		cause (a), stating the DUE TO
	W	as t as t rior		underlying cause last. (c) (C
	# # B	se h	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	E P	cat	0	YES NO
	DOOD IT THE USE STRENDING PHYSICIAN: The law requires that t	After this certificate has been signed by the attend the detached for use as the burial-transit permit. State Dept. of Health prior to burial, cramation, or r		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYS	this detach		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 2 work
	S S	After d be d State		
-	NO	R: A		21. I certify that (I) (this hospital) attended the deceased from 8/20, 1966 to Wig. /6, 1966, that (I) (we) last
	TTE	Shoul th th		saw the deceased alive on Dec / 6 1966, and that death occurred at /6 M, from the causes and on the date stated above.
	OR A	L DIRECTOR: page 3 shoul	3	228. SIGNATURE STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR PHYS.
	FAL	AL pa		22c. PHYSICIAN'S 22d. ADDRESS
	O HOSPITAL	TO FUNERAL I director, par should be fil	1	NAME (Type) Charles Greenwell, M.D. Leonardtown, Md.
	HO S	FU		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	20	10 p		Burial Dec. 19. 1966 St. John's Hollywood, Maryland
		. 0		24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR'S SIGNATURE
	VR	A15 (4)	1	W. Clarke Mattingley Leonardtown, Md. DATE DEC 22 1966 formers Junger
	20/)	



1 (M	DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
± ™	17769 CERTIFICAT	E OF DEATH 17766
funeral and 2 and 2	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
24 nours after death filled in by the funeral apers. Pages 1 and 2 nn 72 hours after death	St, Mary's MARYLAND	a. STATE Maryland b. COUNTY St. Mary's
ages a af	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
in the	Kura Leonardtown 2 weeks	Rural (alifornia 18.1
24 nours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
0.= //	St. Mary's Hospital	YES X NO
executed within 24 nours after and completely filled in by the remove carbon papers. Pages 1 i any event, within 72 hours after	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
d w mple carl ent,	(Type or print) Annie May	Combs Death December 28, 1966
executer and cor remove	7. MARKIED MEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS Jast birthday) Months Days Hours Min.
execu n and remo	Female White WIDOWED DIVORCED	July 6, 1878 88 yrs.
C .=	10a. USUAL OCCUPATION (Give kind of work done during most of working lifg, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(Signal and and and	House wife	Maryland U.S.A.
Sala Pas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
certifica Iding by Then removal	George Perry (ecil	Susanna Armsworthu
h ce tenc or r	15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Aduress
leat e at eerm	12/2 = 0/.00	dward Combs California Maryland
The law requires that the death certificate be or attending physician. Cate has been signed by the attending physician ruse as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (b).]	INTERVAL BETWEEN OMSET AND DEATH
at the san. d by d by cree	PART I. DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (a)	relate pr
tha sici gne gne ial-t	DUE TO	2 Mill
phy phy bur bur bur	Conditions, If any, which gave rise to immediate (b)	may augus
ling ling seer the	cause (a), stating the DUE TO	1 At 1 Stores
law r ttend has t as t prior	underlying cause last. (c) Handhard	last for
PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed detached for use as the burial-trance Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT BELD 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	javely !	YES NO
Pita of f		JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
Sic Siches Siche		
PHYSICIAN: the hospital r this certifi detached fo te Dept. of H	facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
ING PH I by th After t be de State	Hour a.m. p.m. 19 While Not While at work at work	
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from	, 1965, to 1966, that (I) fire las
sho th		t death occurred at 43 M, from the causes and on the date stated above
OR A OR A OIREC	22a. SIGNATURE	ATTENDING DIRECTOR PHYS. 22b. DAYE SIGNED.
NL 0 ay to bagge	22c. PHYSICIAN'S	
ERA De	NAME (Type) James P. Jarbon M. D.	C . As . 1 . As . 1 . 1
HOSPITAL Page 4 may FUNERAL D director, pag		GREMATORY 1 23d. LOCATION (City, town or county) (State)
TO HOSPITAL OR ATTENDING F Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	O REMOVAL/(Specify)	C - 1 M: 11 . M - 1 . 1
a f	Burial Dec. 31, 4966 Holy Fac	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4)	W. Clarke Mattingley Leonardtown, Maryle	1007 07/10-10
20M 1/65	The Carrier Process of People of Process	I DAIL OULL I



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17767 requires that the death certificate be executed within 24 haurs after death. deat and campletely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARYS ve carban papers. Pages 1 event, within 72 hours after MARYLAND MARYLAND ST. MARYS b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LEONARDTOWN c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 110 WOODLAWN DR. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CALIFORNIA YES NOT 3 NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED BESSIE FULLWOOD (Type or print) ROGERS DECEMBER 19 66 DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours Doys X FEMALE WHITE WIDOWED DIVORCED 0/21/1884 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY during most of working life, even if retired) COUNTRY? please CLERK (RETIRED STANDARD OIL CO. MARYLAND TISA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove ALBERT ROGERS EMMA ZELLERS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 239 01 9508 MRS.ELEANOR DONALDSON SAME AS ian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse has been as the priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed far use of Health p NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work of work Mch, 15 7. 19 6 6that (1) (-we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 1966,00 Dane when 219 196 and that death occurred at 4 72 M, fram causes and on the dote stated above. sow the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 2-27-66 director, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W.H.PATRICK M.D LEXINGTON PARK. MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 12/29/66 LOUDON PARK CEMETERY BALTIMORE, MARYLAND 24 EUNERAL DIRECTO 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 LEONARDTOWN, MARYLAND

. THE REPORT OF THE PARTY LAND The second of th IMMEDIATE (AUSE (a) Overdose of Barbiturates

20d. INJURY OCCURRED

Rudiger Breitenecker, M.D.

The Huntt Funeral Home, Waldorf, Md.

23b. DATE THEREOF

12-19-66

Not While

Accident .

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

20e. PLACE OF INJURY (Home, farm,

foctory, street, office bldg., etc.)
Motel

Homicide

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

2So. REC'D BY REGISTRAR

DEC

20f. (City or town)

Undetermined monner

23d. LOCATION (City or Town)

Arlington,

Inspection .

Took overdose of barbiturates

Suicide X

Arlington National

OUE TO

DUE TO

e. IS RESIDENCE ON A FARM?

Dov

13

NO K

19 66

IF UNDER 24 HRS.

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

Md.

and in my apinian

22. DATE SIGNED

12/15/66

(Stote)

Va.

YES X

(County)

(County)

25b. REGISTRAD'S SIGNATURE Quelet

St. Marv's

Inquiry |

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year Appar. 12 12 19 66 of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy death resulted from: Natural couses . ACTUAL SIGNATURE **EXAMINER'S** NAME (Type) 23o. BURIAL, CREMATION,

REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

VR A15ME (5)

50

buriol-transit

used os a buriol-tra buriol, cremation,

its designated agent, prior to

Health or

3 should

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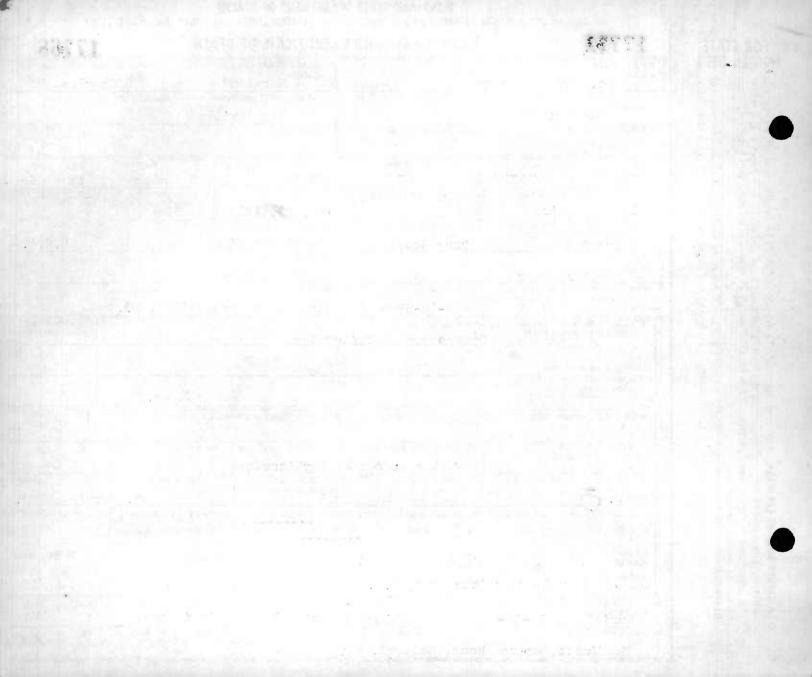
hours ofter death.

be executed within

This certificate should writing the word

ESTAL EXAMINER:

TO DEPUTY



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17772 CERTIFICATE OF DEATH by the attending physician and campletely filled in by the funeral transit permit. Then please remave carban papers. Pages 1 and 2 crematian, or remaval, and in any event, within 72 haurs after death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY ·Mary s MARYLAND b. CITY OR TOWN IIf outside corporate limits. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest, town) Hollywood eonardtown e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) St. Mary's Hospital YES NO NAME OF Middle 4. DATE Month Day Year First DECEASED 66 Hayden 16 1 homas DEATH December (Type ar print) OF BIRTH AGE (In years lost birthday) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours DIVORCED uhite WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR during mast of working life, even if retired) PINDUSTRY St. Mary s Maruland rarmina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys Caroline Heard 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the death (Yes, ga, or unknown) (If yes give yagr or dates of service) Hollywood. DorothuG. Hauden No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires the Page 4 may be retained by the haspital ar attending physician. DUE TO signed L burial, Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, affice blda.. etc.) Haur a.m. While Not While at wark at work 19 5), to , 19___, that (I) (we) last 21. I certify that (1) (this haspital) ottended the deceased from shauld e C 19 66 and that death accurred at M, from couses and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR directar, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S Mechanicsville NAME (Type) Leon Berube 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23o. BURIAL, CREMATION, REMOVAL (Specify) Hollywood 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE DEC Leonardtown Md. Clarke Mattingley

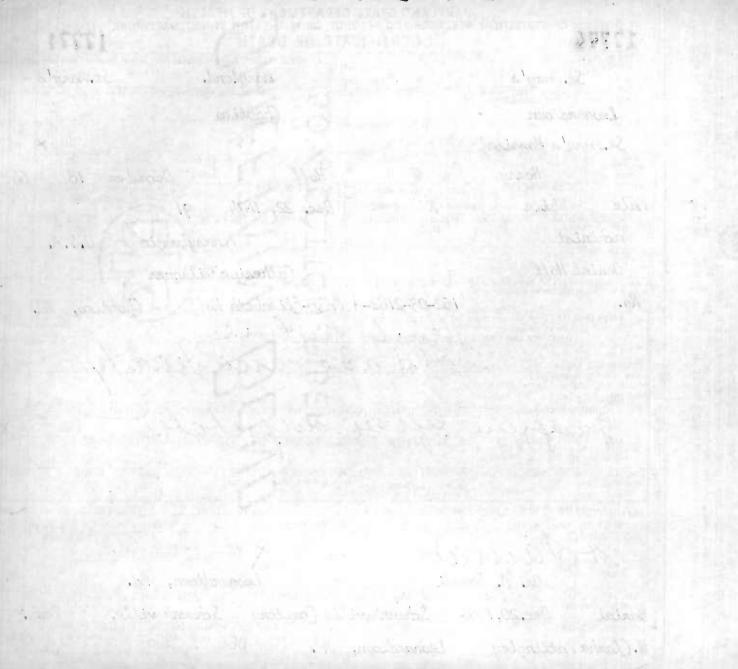
MARYLAND STATE DEPARTMENT OF HEALTH

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1.5	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE	17773 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2778
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Maryland b. COUNTY St. C. CITY OR TOWN (If outside corporate limits, write RURAL and give	e before odmissian) Mary's
after death. If any delay is 8. Give Pages 1, 2, and 3 ta alang with farm PM3. Page with the State Department of within 72 haurs after death.	Leonaratoun D.O.A. Mechanicsville,	18.1
th. If a light of the light of	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) St. Mary's Hospital 3. NAME OF First Middle Last 4. DATE Month	e. IS RESIDENCE ON A FARM? YES X NO
after death. I 8. Give Pages along with far with the State	3. NAME OF DECEASED (Type or print) Henry S. Hertzeler 4. DATE OF DEATH December S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER)	21, 19 66 YEAR IF UNDER 24 HRS.
them 18. Soffice ald	Male White WIDOWED DIVORCED Dec. 27, 1954 Jose birthdoy) yrs. Months 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CIT	Doys Hours Min. IZEN OF WHAT
	during most of working life, even if retired) INDUSTRY INDUSTRY INDUSTRY I4. MOTHER'S MAIDEN NAME	INTRYS. A.
ed with in pen al Exami t. File p	Issac Hertzler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes give wor or dotes of service] 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
hauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's vial-transit permit. File pages atian, ar remaval, and in any	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	INTERVAL BETWEEN ONSET AND DEATH?
shauld be e ne ward "per to the Chief I burial-transit matian, ar re	928 IMMEDIATE CAUSE (0) DUE TO	enme
the s d to d to a bu	rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO (c)	
his certificate, writing the farwarde be used as to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
INER: This e certificate, shauld be fa files. 3 should be unit, prior to l	200. EXTERNAL LAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Kicked in left ant. Cleat by a h	ore
EXAMINER: ute the certiage 4 shauld your files. Page 3 shou	20c. TIME OF INJURY Month, Doy, Year Hour and 12-21 1966 While of work of otwork of work of Wo	StMay M
DEPUTY MESTAL EXAM PLESSORY, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth or its designated age	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, deoth resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my opinior
ITY MESON y, please eral director be retained RAL DIREC	SIGNATURE	22. DATE SIGNED
necessary, please execute the certificate functional director. Page 4 should but 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should 1 Health ar its designated agent, prior	NAME (Type) William D. Boyd M. D. Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
VR A15ME (5)	Bremoval (Specify) Dec. 24, 1966 Hertzeler Cemetery Mechanics ville ADDRESS ADDRESS DEC 28 1966 Mechanics ville ADDRESS DEC 28 1966 DEC 28 1966	n Maryland

Carlotte State of the State of \ Market State of the Control of the C The state of the state of he chiefle was the second of the second of the 12/23/69 Material and the contract of t A Single dellinated Leannahours, regulard the to don 1994 the page

7	1 (7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
DATE OF THE PARTY	# 50% F	4	17774 CERTIFICATE OF DEATH 17771
	hours after death. d in by the funeral rs. Pages 1 and 2 hours after death.		PLACE OF DEATH
	the fu		St. Mary and Mary and St. Mary a
	rs afte by the Pages urs aft		b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
	in b		Leonardtoun (haptico
	24 ho filled papers, in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN DN A FARM
		16	St. Mary's Hospital YES NO D
	executed within and completely remove carbon is any event, with		3. NAME DF First Middle Last 4. DATE Month Day Year DE DF DE CASED (Type or print) Harry W Haff DEATH December 18 19 66
	compl compl ve car event,		5 SEX 6 COLOR OR PARE 1
	and cemov		Male White WIDOWED DIVORCED Dec. 22. 1874 91 yrs.
	an a se re		10a USUAI OCCUPATION (Give kind of work done 1 10b KIND OF RISINESS DR 137 RISTHE) ACE (County & State of foreign country) 12 CITIZEN OF WHAT
	and and		Machinist Pennsulvania 11.5 A.
	Val.		13. FATHER'S NAME
	ding The		Daniel Hoff Catherine Wilhouer
	attending phermit. Then in, or removal		15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
	e death c the atten t permit.		No. 162-03-2182-A Mary-Elisabeth Hoff Chaptico, Md.
	he he sit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:
	res that the physician. signed by the purial-transit		IMMEDIATE CAUSE (a) HERE A AND A CONTROL OF THE CAUSE (A)
	physical physical signal physical physi		conditions, If any, which) DUE TO OLD COME and Semilar
	ding p been the b		gave rise to Immediate Cause (a), stating the DUE TO
	law requi ttending has been as the k		underlying cause last. (c)
	NG PHYSICIAN: The law requires that the hospital or attending physician. Iter this certificate has been signed be detached for use as the burial-transtate Dept. of Health prior to burial, cre		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/nature of Injury in Part I or Part II of Item 18.) 30a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/nature of Injury in Part I or Part II of Item 18.) 30a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/nature of Injury in Part I or Part II of Item 18.)
	ccan The ospital or a certificate hed for use to Health	0	5 gayrine of the amperial YES NO
	spit spit erti ed f		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING VAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)
	ING PHYSICIAN. The laby the hospital or at After this certificate be detached for use State Dept. of Health		
			Hour a.m. While Not While factory, street, office bldg., etc.)
			p.m. 19 at work
	OR ATTENDI be retained IRECTOR: A ge 3 should ed with the S		saw the deceased alive Dn
	RECT 3 s		22a. SIGNATURE 22b. DATE SIGNED
-	DIII ogge		M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS.
	PITA ERAI or, p	1	22c. PHYSICIAN'S NAME (Type) Dr. A. Samadi Leonardtown, Md.
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 5 1 p		Burial Dec. 20, 1966 Schwenksville Cemetery Schwenksville, Penn.
			24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4) 20M 1/65		W. Clarke Mattingley Leonardtown, Md. DATE DEC 22 1966 Governes Judge
	20 1/00		



DIVISION OF STATISTICAL RESEARCH AND REC	E DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
DESCRIPTION CERTIFORM CERT	CATE OF DEATH 17779
1. PLACE OF DEATH a. COUNTY St. Mary's	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATMaryland b. COUNTYSt. Mary's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown	(IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow Piney Point
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	
St. Mary's Hospital	ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED First Middle (Non (1998 or print) Marcell (Non (1998 or print))	Last 4. DATE Month Day Year OF DEATH December 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE Female Negro WIDOWED DIVORCE	B D 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HI last birthday) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	113.
13. FATHER'S NAME	
Joseph William Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	Theresa Cecelia Lawrence
(Yes, no, or unkown) (If yes give war or dates of service)	Mother Piney Point, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (D). 1 / INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	dia 1 h
Conditions, If any, which) DUE TO	Distress Leduciones day
gave rise to immediate cause (a), stating the DUE TO	maturity
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
ical	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTO	RY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
Hour a.m. While Not While	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (i) (this hospital) at end of the deceased f	rom 12/3 1966 to 12/6 1960 that (1) (1964)
	and that death/occurred at 23 M, from the causes and on the date stated about
22a. SIGNATURE	MED. STAFF 22b. DAYE SIGNED MED. DIRECTOR PHYS. 121, 14
22c. PHYSICIAI'S James P. Jarboe M.D.	22d. ADDRESS Great Mills, Maryland
23a. BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF C	EMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
15 wed 12/1/60 21 a	2 Md 1250, REC'D BY REGISTRARI 25b, REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Mattlingly's Leonaportow	Table Milliante Ouder
11 clarke thatlingley	DATELEC 8 1966 James Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH CERTIFICATE OF DEATH DEATH L. PLACE OF DEATH D. COUNTY St. Mary's MARYLAND CALIFORNIA C. LENGTH OF STAY IN 1D CALIFORNIA C. CITY OR TOWN (If outside corporate limits, write RU California CALIFORNIA MARYLAND CALIFORNIA C. STREET ADDRESS Home	on: Residence before admission St. Mary's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RU California d. STREET ADDRESS	St. Mary's
b. CITY OR TOWN (if outside corporate limits, write RU c. LENGTH OF STAY IN 1b write RURAL and give nearest town) California d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RU California d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	JRAL and give nearest town
	18.1
	e. IS RESIDENC ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print Kimberlev Lizabeth CoxxXXII Norris DEATH December	Day Year 5 19 66
5. SEXFEMAL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Mont	IDER 1 YEAR IF UNDER 24 HR
yrs.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Leonardtown Manyland	U.S.A.
Joseph Ralph Norris Barbara Jean McLeod	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mother California.	1/
Mother California,	Maryland INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	n 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from 12/5, 19/5, to 17/5, to	
James Parboe M.D. Great Mills, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	r county) (State)
	HAR'S STGNATURE
Westarke Hallingley DATEDEC 8 1986 July	

The description of the second La Commencial Commenci be divined, always if all British Committee of the Committee of Committee of MESCARE PHYSICAL SECTION

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DER PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY St. o. COUNTY o. STATE 0 PM3. Poge 90 death. MARYLAND deloy and 3 Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) ofter IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office along with form hours in Item 18. Give Poges 1, St. Andrews Church Road State YES NO 24 hours after death. 3. NAME OF Middle Lost 4. DATE Month within 72 Dov Year DECEASED the OF Thomas 19 66 December Type or print Larence Norris DEATH with S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F LINDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours White Male WIDOWED DIVORCED August 19.1926 12 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ? INDUSTRY (ivil service d 'pending' in pencil in Chief Medicol Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI be executed within Thomas Jerry Norri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Rose Frances Trossback File puo 17. INFORMANT 16. SOCIAL SECURITY NO used os o buriol-transır permin. buriol, cremotian, or removal, (Yes, no, or unknown) (If yes give wor or dotes of service) Ridge Maryland Patricia A. Norris INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY This certificate should Word DUE TO Conditions, if ony, which gove writing the rise to immediate cause (a), DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO please execute the certificate. agent, prior to pe 20a. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 should 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) YOUR While Nat While FUNERAL DIRECTOR: Page ot work ot work Heolth or its designoted 21. I certify that I taak charge of the remains described abave, held an Autopsy for Inspection X Inquiry and in my apinion the funeral director. Accident X death resulted from: Natural causes Suicide Hamicide Undetermined manner may be retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 45.5DEPUTY MEDICAL EXAMINER necessory, **EXAMINER'S** Patrick Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (State) 50 REMOVAL (Specify) eneteri 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1966 Charles VR A15ME (5) DEC 8 W. Clarke Mattingley Leonardtown, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17778 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence o. COUNTY 2, and 3 ta PM3. Page St. Mary's o. STATE b. COUNTY Sto Mary's of o MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter (Mechanicsville. Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS ice alang with farm haurs St. Mary's Hospital State [Give Pages YES T NO A This certificate shauld be executed within 24 hours after death. NAME OF Middle 4. DATE Month within 72 Lost Year DECEASED OF Pickens Tester 19 66 December (Type or print DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS. NEVER MARRIED last birthdoy) Months in Item 18. Doys Hours Nov. 19.1899 Nearo WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Penna. ward "pending" in pencil in the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pag in Alice Ann McMullen File and 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I(If yes give wor or dotes of service) remayal. Mildred L. Pickens Mechanicsville, Marulana 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY · ONSET AND DEATH 10 IMMEDIATE CAUSE (o) s a burial-tra crematian, c writing the ward DUE TO Conditions, if ony, which gove be farwarded to rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X the certificate, designated agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) may be retained far yaur FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion the funeral director. death resulted from: Suicide Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health ar its ASSISTANT MEDICAL EXAMINER SIGNATURE 12/26/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 N. York Lebanon (enetery York. 24. FUNERAL DIRECTOR Ocharles VR A15ME (5) Late C 1966 Clarke Mattingley Leonardtown, Maryland 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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	F = 27		17779 CERTIFICAT		17776
	death.		PLACE OF DEATH a. COUNTY		lived, If institution: Residence before admission
	after death, the funeral ges 1 and 2 after death		St. Mary's MARYLAND	a. STATE Maruland	b. COUNTY St. Mary's
			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town
,	n 0		Leonardtown 4 weeks	Valley Lee,	18,1
2	24 hour filled in papers. F	11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	thin 24 the filled soon papers within 72	14	St. Mary's Hospital		YES XX NO
		1	3. NAME DF First Middle DECEASED (Type or print) John Rean	Rechan 4. DATE OF DEATH	Month Day Year
	comple ve carl event,		(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE	December 24, 1866 (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	and cemov		Male White WIDOWED DIVORCED	Dec. 31.1885 80	birthday) Months Days Hours Min.
			1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fore	
	certificate be nding physician Then please removal, and in		Civil Service	Marulamo	U.S.A.
	phy phy n p		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	eath certifica attending plannit. Then n, or remova		William Benjamin Redman	Margaret Luc	ille Clarke
	e sitt		15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT	rille Clarke Uey Lee, Maryland
	2000			Irs Eva G. Redman Val	ley Lee, Maryland
	the sy the sit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
	cian ed bed trar-trar		IMMEDIATE CAUSE (a) Uge on proces		6 months
	es t hysi sign urial		Cenditions, If any, which \		
	requires iding phy been sig the buri or to buri		gave rise to Immediate		
	s be s th		underlying cause last. (c)		
	atten atten e has se as th prid		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION	NGIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	The cate icate use lealth	0	milliple schools		YES NO
	PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE **DELTA L. STATE OF LEATH 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part 1 o	r Part II of item 18.)
	hos hos ache			ACE OF INJURY (Home, farm, 20f. (City o	or town) (County) (State)
			Hour a.m. While - Not While - fac	tory, street, office bidg., etc.)	or town) (Gounty) (State)
	OR ATTENDING Poper retained by the IRECTOR: After a 3 should be out with the State			Was all sold in	1. 20 20/2 11 11 11 11 11
	ained ained DR: A nould the	7	21. I certify that (!) (this hospital) attended the deceased from saw the deceased alive on 24 194, and the	the death occurred at 930 M from the	e causes and on the date stated above
1	retraction and selection with with		22a. SIGNATURE		22b. DATE SIGNED
	OR be DIRE		Abber M	D. PHYS. MED. DIRECTOR PH	TAFF 12/26/66
	Ma ma RAL r, pe	1	22c. PHYSICIAN'S NAME (Type) P A Boom	22d. ADDRESS	20
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/	1. J. Dear M. D.	The miles	Ni (Olive town or county) (Otata)
	Pa dir	0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE BEMOVAL (Specify) Dec. 28, 1966 St. George	C . 11 11	ON (City, town or county) (State)
		M	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)	4	W. Clarke Mattingley Leonardtown, Mary	land DEC 28 1956	Acharles Judge
	20M 1/65				`#

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17780funeral s 1 and 2 ter death? executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Mary's o. STATE b. COUNTY St. Mary's ease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparote limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) St. George Island. Leonardtown hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE lease remave carban papers. ON A FARM? St. Mary & Hospital NO T 3. NAME OF Middle 4. DATE Day Year Lost DECEASED Noble Rice Charles December 10 19 66 (Type or print) DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED birthdoy) Manths Days Hours white DIVORCED Male WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY St. Mary's

14. MOTHER'S MAIDEN NAME physician Maruland requires that the death certificate 13. FATHER'S NAME burial, crematian, ar removal, Charles Vincent Rice 17. INFORMANT 16. SDCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) V Pearson 232 Arapaho Dr. Forest Heigh No. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY this certificate has detached far use as PERFORMED? CERTIFICATION NO YES -20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. factory, street, affice bldg., etc.) 21. I certify that/(1) (this hospital attended the deceased fram and that death occurred at M, fram causes and an the date, stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING director, page 3 shauld be filed w M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S · Patrick Jarboe M.D. Great Mills. Md. NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Spenty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 9 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Charles DATE DEC 1966 20 M 1/66 eonardtoun. W. Clarke Matting!

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Division of STATISTICAL	RESEARCH AL	ND RECORDS,	301 W.	PRESTON STREET	, BALTIMORE,	MARYLAND	21201

. 2.			17782			CERTIFICATE	OF DEATH		1	7770
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e le		_	PART II. OTHER SIGNIF			O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
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SPITAL OR 4 may be VERAL DIR iar, page 3	,	Н	NAME (Type)	illiam D.	Bourd.	m.D.	Leona	ndtown. M.	25125	
	1	23a	BURIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or 1	Town) (C	aunty) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17783 4000 executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral nove corbon gapers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY St. Mary's MARYLAND femove corbon papers. Poges 1 n any event, within 72 hours after b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give pearest tawn) 1 HOUR HOLLYWOOD. .eonardtoun IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) St. Mary's Hospital CLARKE'S LANDING ROAD NO X YES NAME OF Middle 4. DATE Doy Year DECEASED 66 19 Iva 1/ett DEATH (Type or print December IF UNDER LYCAR AGE (In years IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Hours Days DIVORCED in any remale white WIDOWED 0 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USIJAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) the ottending physician a sit permit. Then please during most of working life, even if retired)

Book Binder COUNTRY? INDUSTRY Stollary's Marylana requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CORDELIA GREENWELL WILSON COPSEY 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) ((If yes give war or dates of service) 6 JOHN R. CLARKE cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriof-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physician. DUF TO Conditions, if ony, which gove rise ta immediate cause (a), DUF TO stating the underlying cause os the TO FUNERAL DIRECTOR: After this certificate hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p NO X 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRUSE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While ot work at wark 21. I certify that (1) (this hospital) attended the deceased from Nova , 196, to Dec. 3, 1966, that (1) (we) last should 1966, and that death accurred at 3:009 M, fram causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Roy Guyther M.D NAME (Type) MECHANICSVILLE, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) BUR AL (Specify) DEC. 6. 1966 ST. JOHNS CEMETERY MARYLAND HOLLYWOOD. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles 1966 20 M 1/68 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17784 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. I have pees I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Sto Mary MARYLAND ease remove carban popers. Pages 1 and in any event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h write RURAL and give nearest town) daus IS RESIDENCE ON A FARM? ES NO d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d: STREET ADDRESS St. Mary's Hospital YES 3. NAME OF Middle 4. DATE Year DECEASED 66 19 Frank DEATH le cember IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths White Hours Male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY North Carolina 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removat John Frank Slade Susan (arraway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service MARUE ISABELL SLADE VALLEY LEE, MARYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) buriol-transit ONSET AND DEATH signed by Poge 4 moy be retoined by the hospital or ottending physician. Conditions, if any, which gave rise ta immediate couse (a). DUE TO stoting the underlying couse this certificate has been use os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH should be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram M. fram causes and an the date stated above saw the deceased alive an 120 196 and that death accurred at, 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Michael Barbaric 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, (State) BREMOVAL (Specify) 1966 St. George (piscopa 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Leonardtown, Maryland DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17785 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death filled in by the funeral papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY papers. Payer 72 hours after d MARYLAND CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest gawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) eonardtoun II days IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Within 72 St. Mary's Hospital YES X NO T NAME OF Middle 4. DATE Dov Year remove carbon and campletely DECEASED Helen 166 Gentrude December DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Davs Haurs April 18.1898 white Fenale and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work done during mast of warking life even if retired)

Housewife 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY St. Mary s Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Martha Ellen Downs. George W. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war or dates af service same as #2 above Smith INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (a), (b), opd (c) burial-transit cremat ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physician. DUE TO signed t burial, Conditions, if ony, which gave rise to immediate cause (o), DUE TO attending | stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been use as the lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) af Health NO Page 4 may be retained by the haspital ar far 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Haur a.m. Not While factory, street, affice bldg., etc.) While at work at wark 21. I certify that (1) (this hospital), attended the deceased fram. 57196 6, and that death accurred at 7 AM, fram causes and an the date stated above saw the deceased alive on-22b. DATE S/GNED 22a. SIGNATUR STAFF PHYS. **ATTENDING** DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Patrick Parboe M.D. NAME (Type) 7. Great Mi directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) alleuleo 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Larke Mattingley DATE Leonardtown.

MARYLAND STATE DEPARTMENT OF HEALTH

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